Name in Full: Margaret Adams

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Feb — Day: 7th — 1904 — Age: Years: 72 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: Religious — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Rec'd. Mt Hope Retreat — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Bronchitis — How long:

Immediate: Cardiac Syncope — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat
Mt Hope Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Stuart F Mowen

215 Park ave

Interment at

Mt Hope Retreat

Cemetery

Feb 9 1904

Name in Full: Aloysius

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Marsh County: Balto

Date of death 1904: Month: July Day: 27

Age: Years: — Months: 1 Days: 17

Sex: male Color or Race: white Birthplace: Canada

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: D. J. Lan Father's Birthplace:

Mother's Maiden Name: 179 Mother's Birthplace:

Name of person giving information: Herman Draeger How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: William Smith M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A66515

Name in Full: Samuel James Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kingsville; County: Baltimore

Date of death 1904: Month: Feb; Day: 23; Age: Years: 67; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Caroline Wilson

Father's Name: Sam Anderson; Father's Birthplace: Md

Mother's Maiden Name: Not Known; Mother's Birthplace: —

Name of person giving Imformation: Caroline Anderson; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease; How long: 4 Mons

Immediate: Heart Disease; How long: 4 Mons

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J F McConnell MD

Address: Ferry Md

Accident or Suicide?

LIBRARY BUREAU A66515

Name in Full: Mathias Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Denis; County: Baltimore

Date of death: Month: Feb; Day: 22; 1904

Age: Years: 85; Months; Days

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or: Susan Arnold

Father's Name:; Father's Birthplace:

Mother's Maiden Name:; Mother's Birthplace:

Name of person giving Imformation: John Manning; How related to deceased: Son in law

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debility - of age; How long: several years

Immediate: Influenza; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: E & K Ridge Howard Co Maryland

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary Ezebelle Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Washington County: Balto

Date of death 1904 Month: 2 Day: 28

Age Years: 7 months Months: 7 Days:

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Child Where Residing if not at place of death: at Death

Married, Single or Widowed: ~~Married~~, Single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Morris Barrett Father's Birthplace: Maryland

Mother's Maiden Name: Nora Barrett Mother's Birthplace: Maryland

Name of person giving information: Dr Morris Shanks How related to deceased: none

101

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tonsilitis How long: 3 Days

Immediate: Dilatation How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris D Shanks M.D

Address: Mt Washington Balto Cond

Accident or Suicide?

LIBRARY BUREAU A8S818

St Marys cemtry

Name in Full: Lucy Bell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harmonville — County: Bells —

Date of death 1904	Month	Day	Age	Years	Months	Days
	Feb	7		50 about		

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Labor — Where Residing if not at place of death: at place of death

Married, Single or Widowed: widowed. — Name of Wife or Husband: dec —

Father's Name: —— Father's Birthplace: —

Mother's Maiden Name: —— Mother's Birthplace: —

Name of person giving Information: Jno. T. Campbell — How related to deceased: None

90.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: 2 wks

Immediate: Exhaustion — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J E Bell

Address: Harmonville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ephrus C. Beemiller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton, 0 Dorcas St E.D. County: Balto

Date of death	Month	Day	Years	Months	Days
1904	2	24	Age	6	

Sex: Male | Color or Race: White | Birthplace: Balto Co

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: John Beemiller 93 | Father's Birthplace: Md

Mother's Maiden Name: Caroline Cooper | Mother's Birthplace: Md

Name of person giving In formation: J. Beemiller | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: complicated with Teething — How long: 2 weeks

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: E M Lavrey MD

Address: 304 Dorcas St E.D.

Accident or Suicide?

LIBRARY BUREAU A&M516

Name in Full: Theresia Berk, 218 N. Clinton St.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto

Date of death 1900: Month: Feb; Day: 15; Age: Years —; Months: 7; Days: 21

Sex: Female; Color or Race: White; Birthplace: 218 N. Clinton St. Balto Co.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. Berk; Father's Birthplace: Balto Co.

Mother's Maiden Name: Theresia Mordel; Mother's Birthplace: Balto. Md

Name of person giving information: Chas. Berk. (Father); How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum. How long: 2 - 30 days.

Immediate: Exhaustion. How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: 1023 Canton Ave.

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Lena Bitzelberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 1904: Month: Feb.; Day: 11½

Age: Years: 55; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Widow

Occupation: None

Name of ~~Wife or~~ Husband: Joseph Bitzelberger

Father's Name: don't know

Father's Birthplace: Germany

Mother's Maiden Name: don't know

Mother's Birthplace: "

Name of person giving Information: John Bitzelberger

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 9 months

Immediate: Uremic Convulsions — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. A. Schneider M.D.

Address: 1013 Canton St.

Accident or Suicide? —

LIBRARY BUREAU A88316

Sacred Heart Cemetery

Feb. 13th 1904

Germanus Planer

Undertaker

Name in Full: Amelia Bodine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highlandtown; County: Balto

Date of death: 1904 | Month: 2 | Day: 25 | Age: Years 29 | Months 6 | Days

Sex: Femal | Color or Race: White | Birthplace: Md

Occupation: House wife | Where Residing if not at place of death: 16 E Eastern ave

Married, Single or Widowed: married | Name of Wife or Husband: William Bodine

Father's Name: John Euckler | Father's Birthplace: Germany

Mother's Maiden Name: Katharine Ullrich | Mother's Birthplace: Germany

Name of person giving In formation: Annie Gessner | How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe | How long: 5 da

Immediate: Diarrhoea | How long: 2 dar

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. L. Thuat.

Address: 3 End Gough, Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A38516

Name in Full: George Brehm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown County: Balto

Date of death 1904: Month: 2 Day: 25 Age: Years: 71 Months: 9 Days: 12

Sex: male Color or Race: white Birthplace: Germany

Occupation: Brewer Where Residing if not at place of death: Govans

Married, Single or Widowed: widower Name of Wife or Husband: Gertrude Brehm

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Father's Birthplace:

Mother's Maiden Name: Lv Mother's Birthplace:

Name of person giving Information: Julius Brehm How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip Acute bronchitis How long: 2 weeks

Immediate: Ruptured blood vessel How long: few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Love

Address: Gardenville Balto Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Thomas Bond

Died at Town: Philofolio County: Back MARYLAND

Date 19 04 Month: 2 Day: 29 | Age: Y. 72 M. D. | Native of: Balto Co. | Occupation: Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living: 10

Husband / Wife of: Isabella Bond

Father's Name | Mother's Maiden Name

Cause of Death: Primary: Progressive Muscular Atrophy — How long sick: 1 Year

Immediate: Asphixia — ~~Accident, Suicide, Homicide~~

Reported by: F. J. Mitchell

Address: Vernon.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M D.

LIBRARY BUREAU 70808

Borleys Cemetery

Marsh 3rd

W. C Brooks

Name in Full: Thomas W. Bond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Balto

Date of death 190: Month: Feb; Day: 19; Years: Age 63; Months: 2; Days: —

Sex: male; Color or Race: white; Birthplace: md

~~Married, Single~~ or Widowed; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: —; How related to deceased: —

170

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure; How long: —

Immediate: " ; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Coroner John E Mueller

Address: 216 O'Donnell st.

~~Accident or Suicide?~~

LIBRARY BUREAU A6881G

Wm. Nicholson & Son

Name in Full: Emma Jane Boyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Ruhl's

County: Baltimore

Date of death 1904: Month: Feb. Day: 14

Age: ~~9m~~ Years: Months: 9 Days: 25

Sex: Female

Color or Race: White

Birthplace: Maryland

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eli S. Boyer

Father's Birthplace: New Freedom

Mother's Maiden Name: Alice Warner

Mother's Birthplace: Switzland

Name of person giving information: Charles Boyer

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria

How long: 3 days.

Immediate: Convulsions.

How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene R. Albaugh. M.D.

Address: Glen Rock, Pa.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full

Certificate of Death

Edward Bradshaw

Died at Town: Balto Co. County: Almshouse MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	12	Age 39			Richmond Va	

Date 1904

~~Male~~ ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

How long sick about 6 mos.

Immediate Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by Dr. Thos. C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73208

Name in Full Father address Oxon Balt Co Md — Certificate of Death

Elmer Brown

Died at Town Oxon County Baltimore Co MARYLAND

Date 1914 Month Jly Day 5 Age Y. M. D. — — — Native of Maryland Occupation —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband of Wife X

Father's Name Lolly Brown — Mother's Maiden Name Laura Brent

Cause of Death — Primary: Malformation of Mouth — How long sick 3 days

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by L. J. E. Brown

Address Oxon Hill, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Sarah Brown

Died at Town Balto. Co. County Altamont MARYLAND

Date 1904 Month 2 Day 6 | Age Y. 70 M. D. | Native of Md | Occupation

~~Male~~ ~~White~~ | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary "Nephritis" | How long sick about 2 mos.

Immediate Oedema of Lungs | Accident, Suicide, Homicide

Reported by Dr. Thos. C. Bussey

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Mabel C. Burk

98

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sweet Air — County: Baltimore

Date of death 190 4 — Month: Feb. — Day: 28 — Age: Years: 2 — Months: — Days: 6

Sex: Female — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm. Burk — Father's Birthplace: York Co. Pa.

Mother's Maiden Name: Katie C. Amrein — Mother's Birthplace: Balto. Co. Md.

Name of person giving Imformation: Wm. Burk — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known — How long: two weeks

Immediate: Meningitis — How long: Eight days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Gillings Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88018

Name in Full: Emma P. Burkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: 2; Day: 11; Age: Years: 19; Months: 3; Days: 27

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: John Samuel Burkins 93; Father's Birthplace: Baltimore

Mother's Maiden Name: Susie A. Carroll; Mother's Birthplace: Baltimore

Name of person giving information: John Samuel Burkins; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 3 days

Immediate: "; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Reckard M.D.

Address: 910 Canton St Baltimore

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A88510

Mount Carmel
H. Sunday Sons

Name in Full: Mary Elton Burnham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Baltimore

Date of death: 1904 Month: Jan Day: 27th Age: Years: 5 Months: 9 Days:

Sex: Female Color or Race: white Birthplace: Maryland

Occupation: — School girl Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: J. T. Burnham Father's Birthplace: Balto Co Md

Mother's Maiden Name: Tenie Manger Mother's Birthplace: Virginia

Name of person giving Imformation: J. T. Burnham How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

108

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Constriction of small intestine How long: 1 ossibly congenital.

Immediate: Congestion & Gangrene of small intestine How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. McCormick MD

Address: Sparrows Point

Accident or Suicide? no

LIBRARY BUREAU A88818

Name in Full: Bessie Buttyfield.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sparrows Point (County) Balt

Date of death 1904 (Month) 2 (Day) 15 (Years) Age — (Months) (Days)

Sex Female | Color or Race White | Birthplace Md.

Occupation None | Where Residing if not at place of death —

Married, Single or Widowed Single | Name of Wife or Husband —

Father's Name Thos. Buttyfield | Father's Birthplace Ireland

Mother's Maiden Name Jane Conley | Mother's Birthplace "

Name of person giving Imformation H Woodward MD | How related to deceased No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Gastritis | How long 6 or 7 days

Immediate Convulsions | How long 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H Woodward MD

Address Sparrows Point MD

Accident or Suicide? —

LIBRARY BUREAU A66810

Name in Full: Edith V Campbell.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Balto

Date of death 1904: Month: Feb — Day: 10

Age: Years: 6 — Months: 4 — Days: 25

Sex: Female — Color or Race: Colored — Birthplace: Pikesville -

Married, Single or Widowed: Single. — Occupation: None.

Name of Wife or Husband:

Father's Name: John Wesley Campbell. — Father's Birthplace: Pikesville -

Mother's Maiden Name: Bessie C Lewis — Mother's Birthplace: Pikesville

Name of person giving Information: John W Campbell — How related to deceased: Father -

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis & Bronchitis — How long: 10 days.

Immediate: Exhaustion — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A W Bx MD

Address: Arlington Md.

Accident or Suicide?

LIBRARY BUREAU A69316

Campfield

Name in Full: Naomi Estelle Campbell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roxbury — County: Balto

Date of death: Month: 2 — Day: 1st — Years: 4 — Months: 21 — Days:

Sex: female — Color or Race: white — Birthplace:

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: Geo

Father's Name: Geo C Campbell 93 — Father's Birthplace: Portland Me

Mother's Maiden Name: Bertha Street — Mother's Birthplace: " "

Name of person giving In formation: Geo C Campbell — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonia — How long:

Immediate: — How long:

Ara the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Wm. D. Crosland

Address: Gardenville Md.

Accident or Sulcide?

LIBRARY BUREAU A88616

Name in Full: Lina Cassell

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Washington — County: Baltimore

Date of death 1904 — Month: Feby. — Day: 26 — Years: Age 48 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: Norfolk, Va.

Married, Single or Widowed: Widow — Occupation: Servant

Name of Wife or Husband: unknown

Father's Name: Henry Cassell — Father's Birthplace: Virginia

Mother's Maiden Name: unknown — Mother's Birthplace: "

Name of person giving In formation: John M. Carter — How related to deceased: Employer

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: —

Immediate: Apoplexy — How long: One hour and fifteen minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physicien: William Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Julia Connolly

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Baltimore

Date of death: Month: Feb Day: 13th 1904 Age: Years: 49 57 Months: Days:

Sex: Female Color or Race: White Birthplace: Ireland.

Occupation: Clerk. Where Residing if not at place of death: Lowell Mass.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace: Ireland

Mother's Maiden Name: Mother's Birthplace: "

Name of person giving Imformation: Recds Mt Hope How related to deceased: not at all.

TO BE ANSWERED BY NEAREST FRIEND

18

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Ex- Melanchelia Cystitis How long:

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ida Virginia Canales

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hereford — County: Baltimore

Date of death 1904 — Month: 2 — Day: 16

Age — Years: 38 — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Hereford Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: George W Canales

Father's Name: Samuel Naylon — Father's Birthplace: Balto Co, Md

Mother's Maiden Name: Alice Shultz — Mother's Birthplace: Fruitow, Md.

Name of person giving In formation: George W Canales — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hydatid Cysts of Liver — How long: Two Years

Immediate: Collapse — How long: few hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A R Mitchell

Address: Hereford, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Canoles.

CERTIFICATE OF DEATH

MARYLAND

Died near Ekls Town, Balt County

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month 2	Day 23	Age — Years	— Months	— Days
Sex Male	Color or Race white		Birthplace —		
Married, Single or Widowed		Occupation —			
Name of Wife or Husband					
Father's Name W. L. Canoles			Father's Birthplace Md		
Mother's Maiden Name Francis, Matthews			Mother's Birthplace Md		
Name of person giving Information W L Canoles			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still born	How long —
Immediate	How long —
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R R Norris
Accident or Suicide?	Address Parkton Md

LIBRARY BUREAU A88016

Name in Full: Priscilla Cox

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Manor County: Balto

Date of death 1904 Month: 2 Day: 21 Years: Age 65 Months: 7 Days: —

Sex: Female Color or Race: Colored Birthplace: Balto County

Occupation: Keeps House Where Residing if not at place of death: Manor Balto Co.

Married, Single or Widowed: Widow Name of Wife or Husband: Frank Cox

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: Balto Co.

Name of person giving information: David H. Stilliams How related to deceased: Son-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe How long: 3 days

Immediate: Apoplexy How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Burns M.D.

Address: Cockeysville Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Valenty Czorwnie Ki.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Highlandtown County: Balto

Date of death 1904: Month 2, Day 12. Age — Years: Months 4, Days 10

Sex: Male. Color or Race: White. Birthplace: Highlandtown.

Married, Single or Widowed: —. Occupation: —.

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Czorwinski. Father's Birthplace: Poland.

Mother's Maiden Name: Katie Krouel. Mother's Birthplace: Germany.

Name of person giving information: William Czorwinski. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis. How long: 9 days.

Immediate: Exhaustion. How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Truex M.D.

Address: 3 Aq Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A66516

M. F. Ladowska,

Holy Rosary, Cemetery

106

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Charles Henry Darage

Died at: Town: Hartley; County: Balto

Date of death: Month: Feb; Day: 27; 1904

Age: Years: 61; Months: 7; Days: 16

Sex: Male

Color or Race: Colored

Birthplace: Balto Co Md

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Mollie Darage

Father's Name: Benjamin Darage

Father's Birthplace: Md

Mother's Maiden Name: Cynthia Darage

Mother's Birthplace: Md

Name of person giving Imformation: Frederick Darage

How related to deceased: Bro-

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: asthma

How long: 2 Years

Immediate: Heart-Disease

How long: — —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. A. Green

Address: Gittings Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Sarah R. Darley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruxton — County: Balto. Co.

Date of death: Month: July — Day: 18 — 1904

Age: Years: 83 — Months: 6 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Balto. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Thomas A. Darley

Father's Name: Emmanuel Carr — Father's Birthplace:

Mother's Maiden Name: Mary Ann Reed — Mother's Birthplace: Rhode Island

Name of person giving Information: Laura R. Mannix — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 4 years

Immediate: Apoplexy — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Burton Thomas M.D.

Address: Ruxton, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Margaret Davies

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Woodbrook, County: Balto

Date of death 1904: Month 2, Day 2; Age: Years 79, Months 1, Days

Sex: Female; Color or Race: White; Birthplace: Wales.

Married, Single or Widowed: Widow.; Occupation: None.

Name of Wife or Husband: —

Father's Name: John Thomas; Father's Birthplace: Wales

Mother's Maiden Name: Mary Anthony; Mother's Birthplace: Wales

Name of person giving Information: Mrs Romeo Espey; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture R. femur; How long: 9 days.

Immediate: Exhaustion; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo W Hoskins

Address: Brookeville Md.

Accident or Suicide? Accident.

Mr Carmel

M.S Fry.

Name in Full: Christopher C B Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Baltimore

Date of death 1904 — Month: Feb — Day: 9 — Age: Years 82 — Months: 0 — Days:

Sex: Male — Color or Race: White — Birthplace: Howard Co

Married, Single or Widowed — Occupation: Farmer

Name of Wife or Husband: Sarah Frances Shipley

Father's Name: Richard Davis — Father's Birthplace: Howard Co

Mother's Maiden Name: Rebecca Black — Mother's Birthplace: " "

Name of person giving In formation: Mrs M O Shipley — How related to deceased: Sister in Law

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile decay — How long: about 2 months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas G Macgill

Address: Catonsville

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mrs Estella H Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death 1904 — Month: 16 — Day: Feb — Age — Years: 25 — Months: 10 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Prince Geo Co Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Housewife

Name of Wife or Husband: Geo L Davis

Father's Name: Frank Anderson — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Geo L Davis — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 yrs

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C L Mattfeldt M D

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E. Della

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto

Date of death 190 4 — Month: Feb — Day: 26 — Age: Years — Months: 4 — Days

Sex: Female — Color or Race: white — Birthplace: md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Phillip Della — Father's Birthplace: md

Mother's Maiden Name — Mother's Birthplace: md

Name of person giving Information — How related to deceased

19

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long

Immediate: " — " — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner John G Mueller

Address 216 O'Donnell st

Accident or ~~Suicide~~?

LIBRARY BUREAU A89516

- St Mathias

Feb 28 1904

1820 Canton Ave

H Nicolaus & Son

Name in Full: Not named. Diggs.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairview. County: Baltimore.

Date of death 1904: Month: 2. Day: 4.

Age: Years: Months: 1. Days:

Sex: Male. Color or Race: Colored. Birthplace: Fairview.

Married, Single or Widowed: Single.

Occupation:

Name of Wife or Husband:

Father's Name: [illegible] 179

Father's Birthplace:

Mother's Maiden Name: Josephine Diggs.

Mother's Birthplace: Fairview.

Name of person giving Information: Brother-in-law.

How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural causes. How long: 2 days.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. F. Wilson.

Address: Forkchurg, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Frances Ann Downer

Died at (Town): Delight — (County): Baltimore

Date of death: Month Feb — Day 23 — 1904

Age: Years 70 — Months 6 — Days 9

Sex: Female

Color or Race: White

Birthplace: Co Mich Rock Mayne Michigan

Occupation: —

Where Residing if not at place of death: Delight

Married, Single or Widowed: widow

Name of Wife or Husband: Truman Downer

Father's Name: Simon Downer

Father's Birthplace: —

Mother's Maiden Name: Elizabeth Tillstone

Mother's Birthplace: —

Name of person giving Information: Myrta Mahon

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myelitis — How long: 1 yr 6 mos

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. E. Dennis M.D.

Address: 405 N. Green St. Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: A Eutha Downs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death 1904: Month: 2; Day: 25; Age: Years: 48; Months: 5; Days: 13

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Secretary Jones Memorial Church; Where Residing if not at place of death: 319 Gough

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: F. X. La Crosse; Father's Birthplace: Canada

Mother's Maiden Name: A. Eutha Bruce; Mother's Birthplace: England

Name of person giving Information: Miss Lottie Downs; How related to deceased: Sister in law

94

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleurisy; How long: 5 da.

Immediate: Exhaustion; How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. L. Truax

Address: 3 Md Gough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A8351B

Name in Full: Dora Emma Downs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Morrell Park — County: Balto

Date of death: Month: Feby — Day: 8th — 1904

Age: Years: 28 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: American

Occupation: —

Where Residing if not at place of death: Morrell Park

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Alvin C Downs — Father's Birthplace: Delaware

Mother's Maiden Name: Ann V. Seward — Mother's Birthplace: ?

Name of person giving Information: A C Downs — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute febrile neuritis — How long: 4 weeks

Immediate: Erysipelas — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. S. M. Kieffer M.D.

Address: Morrell Park Balto Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A3801S

Name in Full: Robert Courtney Doyle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death 190 4 — Month: Feb — Day: 28 — Age — Years: 12 — Months: 5 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Anthony S. Doyle — Father's Birthplace: Delaware Pa

Mother's Maiden Name: Sallie E Courtney — Mother's Birthplace: Baltimore

Name of person giving In formation: Anthony S. Doyle — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pistol Shot Wound — How long: 20 hours

Immediate: Shock — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A L C Warfield

Address: Catonsville Md

Accident or Suicide? Accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A63316

Name in Full: Mary Dunn

97

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baldwin; County: Balto

Date of death: Month: Feb; Day: 28; 1904

Age: Years: 82; Months: —; Days: —

Sex: Female; Color or Race: white; Birthplace: Ireland

Occupation: housewife; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of ~~Wife or~~ Husband: Michael Dunn

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Imformation: Mary Dunn; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long: one week

Immediate: weakness Incident to age; How long: one week

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Jas. F. H. Gosnell

Address: —

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Hollie S. Dwight.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Feb — Day: 27 — Years: Age 65 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Records of Mt Hope Retreat — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Dementia — How long: 54 years

Immediate: Gastro-Enteritis & Cardiac Sprue — How long: 2 or 3 wks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Earman J. N.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: Feb; Day: 21; 190

Age: Years: 49; Months; Days

Sex: Male

Color or Race: White

Birthplace: Virginia

Occupation: Farmer & Merchant

Where Residing if not at place of death: Harrison burg Virginia

~~Married~~, Single or Widowed: Married

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long: Six months

Immediate: Pneumonia

How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. B. Emry M.D.

Address: Catonsville

Accident or Suicide?

LIBRARY BUREAU Add316

E M Mitchell
Harrisonburg
Rockingham Co
Va

Name In Full

Certificate of Death

Charles Henry Edwards, Jr.

Town: Jacksonville County: Baltimore Died at: MARYLAND

Date 1904 Month: Feb. Day: 15th | Age Y. 31 M. 1 D. 14 | Native of: Md. | Occupation: teacher

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 0

~~Wife~~ Husband of Ethel Christina Edwards

Father's Name: Chas. H. Edwards, Sr. Mother's Maiden Name: Mary Davis

Cause of Death: Primary: Lobar Pneumonia R.B. How long sick: 14 days

Immediate: ~~Accident, Suicide, Homicide~~

Reported by: Thos. H. Emory M.D.

Address: Hood [redacted] Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70208

Name in Full: Henry Eisenman

CERTIFICATE OF DEATH

Died at: St. Agnes' Hospital, Town; Balto. County, MARYLAND

Date of death	Month	Day	Age	Months	Days
1904.	2	6	18		

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: moulder

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

27

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. R. Drury M.D.

Address: St. Agnes Hospital, Baltimore & Balto. Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A66316

George Brutz

St Alphonsus Cemetery

Name in Full: Rosalind Enge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baynesville · County: Balto

Date of death 190 4: Month: 2 · Day: 7

Age: Years: 65 · Months: — · Days: —

Sex: Female · Color or Race: White · Birthplace: —

Occupation: Housewife

Married, ~~Single~~ or ~~Widowed~~: ~~Rosalind Enge~~

Name of Wife or ~~Husband~~: Rosalind Enge

Father's Name: — · Father's Birthplace: —

Mother's Maiden Name: Elizabeth Enge · Mother's Birthplace: —

Name of person giving information: Peter Enge · How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis, Mitral Reg · How long: 3 or 4 weeks

Immediate: Oedema · How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Massenburg

Address: Towson Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Luke Edward Ensor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton — County: Baltimore

Date of death 1904: Month: 2. Day: 20.

Age: Years: 50 Months: 11. Days: 5.

Sex: Male. Color or Race: W White. Birthplace: Baltimore Co.

Married, Single or Widowed: Married. Occupation: Farmer.

Name of Wife or Husband: Margaret Ensor

Father's Name: William Ensor. Father's Birthplace: Balto Co.

Mother's Maiden Name: Julia Ann Shaw. Mother's Birthplace: Balto Co.

Name of person giving information: Mrs. J. Scott Price. How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy. How long: Seven years.

Immediate: Hemiplegia. How long: Two weeks.

Contributory: Grippe. How long: Two days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. W. Leyda M.D.

Address: Parkton Md.

Accident or Suicide?

LIBRARY BUREAU 688318

Name in Full: Mary Ann Evans

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at 11th at. Town: Orangeville County: Balto.

Date of death 1904: Month: Feb. Day: 26 Age: Years: 87 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Balto. Co.

~~Married~~, Single or ~~Widowed~~: Single Occupation: House servant

Name of Wife or Husband:

Father's Name: Joseph Evans Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: Jos F. Melchoir How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis from Age How long: 4 Years

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E W Janney M.D.

Address: 304 Bank St. E.O.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Walter L. Fantom

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 18 Church Av — County: Baltimore

Date of death: 1904 — Month: Feb. — Day: 26 — Age: Years: 15 — Months: 2 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Fantom — Father's Birthplace: Md

Mother's Maiden Name: Emma McGee — Mother's Birthplace: Penn.

Name of person giving Imformation: John. Fantom — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy. — How long: 13 yrs

Immediate: Epilepsy. Grand Mal — How long: Momentary.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. B Norment-M.D.

Address: 3843 Chestnut Av

Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A60816

Phillips, A. F.
London Park

Name in Full: James Flaherty

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gray's Elliott City; County: Baltimore

Date of death 1904: Month: Feb; Day: 10

Age: Years: 94; Months: 1; Days: 10

Sex: Male

Color or Race: White

Birthplace: Ireland

Married, Single or Widowed: Widower

Occupation:

Name of Wife or Husband: —

Father's Name: Patrick Flaherty

Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Flaherty

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Milton Easton

Address: Ellicotts City

Accident or Suicide?

LIBRARY BUREAU A86816

Name in Full: Susan Ford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Loney Lane — County: Balto

Date of death 1924 — Month: 2 — Day: 23 — Age: Years 39 — Months 7 — Days 2

Sex: female — Color or Race: white — Birthplace: Balto

Occupation: housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Achilles Ford

Father's Name: Jno Carrick — Father's Birthplace:

Mother's Maiden Name: Amanda — Mother's Birthplace:

Name of person giving Imformation: Mary Ford — How related to deceased: Daught

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: days & 1 yrs

Immediate: hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Case

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Hannah Francis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Perry hall — County: Balto

Date of death 1904: Month: Feb — Day: 5 — Age: Years: 81 — Months — Days

Sex: female — Color or Race: White — Birthplace

Married, Single or Widowed: Widowed — Occupation: housewife

Name of Wife or Husband

Father's Name: Robert Procter — Father's Birthplace: Balto Co.

Mother's Maiden Name: mary anderson — Mother's Birthplace: " "

Name of person giving In formation: Mary Willighan — How related to deceased: grand Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Paralysis. — How long: Four years

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. T. Harrison.

Address: Lock Raven.

Accident or Suicide?

LIBRARY BUREAU A66516

interment

Fork Cemetery

Belto Co

Geo. W. Grammer

undertaker

Name in Full: Charles Franz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto

Date of death 190 4 — Month: Feb — Day: 21 st — Age: Years ~~84~~ 33 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Germany

Married, Single or Widowed: married — Occupation: Brewer

Name of Wife or Husband: Louisa Franz

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Arthur Bretz — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long: —

Immediate: " — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Coroner John G Mueller

Address: 216 O'Donnell st

Accident or Suicide?

LIBRARY BUREAU A83510

H Nicolaus & Son

Feb 23rd 1904

1st German Con

Name in Full

Certificate of Death

Mrs Jane Fryfogle

Town: Randallstown — County:

Died ~~near~~ Randallstown — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 4 February	21.	Age 76.			Maryland	Housework

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ — Single — Widow — ~~Widower~~ — Divorced — Number of children living 3

Husband ~~of~~

Wife

Father's Name

Mother's Name

			How long sick
Cause of Death	Primary	Old age - General debility	Two years
	Immediate	Heart failure	Accident, Suicide, Homicide

Reported by H J Stabler MD

Address Randallstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full: Sarah Fuld -

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat County: Balto - Md -

Date of death: Month Feb Day 21st 1904 Age Years 39 Months — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation: Housewife

Where Residing if not at place of death: 1113 Patterson ave Balto City -

Married, Single or Widowed: Married

Name of Wife or Husband

Father's Name: —

Father's Birthplace: Germany

Mother's Maiden Name: —

Mother's Birthplace: Germany

Name of person giving Imformation: Reids Mt Hope Retreat

How related to deceased: Not at all -

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia

How long: abt 13 or 14 Mos -

Immediate: Ex Cardiac Toxaemia -

How long: abt 1 Wk

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: F J Mauney

Address: Mt Hope Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Gable

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hoffmanville; County: Baltimore

Date of death 1904: Month: 2; Day: 17

Age: Years: 5-5-; Months: 7; Days: 1

Sex: Mal

Color or Race: White

Birthplace: Pa

Married, Single or Widowed

Occupation: Powder worker

Name of Wife or Husband: Emma Gable

Father's Name: dont Know

Father's Birthplace: dont know

Mother's Maiden Name: dont know

Mother's Birthplace: " "

Name of person giving information: Otis H. Rickard

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns,

How long: 10 hours

Immediate: Hemorrhage Heart Failure

How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Norris M.D.

Address: Beckleysville Md.

Accident or Suicide? Accident

LIBRARY BUREAU A8581S

Name In Full: Ranze, Percival J.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Glenwoodie — County: Preble

Date of death 1904 — Month: Feb — Day: 23 — Age — Years: 34 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Delaware.

Married, Single or Widowed: Married — Occupation: Clerk.

Name of Wife or ~~Husband~~: Bertha Connor.

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: X — Mother's Birthplace: X

Name of person giving information: X — How related to deceased: X

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Dementia — How long: 7 yrs.

Immediate: Multiple Sclerosis — How long: 7 yrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno. S. Mace.

Address: Glenwoodie

Accident or Suicide? No

LIBRARY BUREAU A88513

Paulus & McCormick

2101 Forest Ave

Name in Full: Catherine Gebhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto.

Date of death: Month: Feby — Day: 18th — Years: 1904 — Age: 72 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: widowed — Occupation: —

Name of Wife or Husband: John Gebhart

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Amelia Sherbert — How related to deceased: Daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis Agitans — How long

Immediate: Valvular Disease Heart — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Kline

Address: 2 Norton Ave

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Joseph Gill

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Butler — County: Baltimore

Date of death: 1904 — Month: 2 — Day: 26

Age: Years: 68 — Months: 2 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Butler Md

Occupation: Farmer — Where Residing if not at place of death: Butler Md

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: George N. Gill — Father's Birthplace: Garrison Md

Mother's Maiden Name: Rebecca Emaor — Mother's Birthplace: Don't Know

Name of person giving information: Miss Rebecca Gill — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: Ten Years

Immediate: Hypostatic Congestion of Lungs — Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. Roach MD

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A8816

Black Rock cemetery

Feb 28

H. C. Brooks

Name in Full

Amanda Gordon

Certificate of Death

Died at near Town Warren County Balto. MARYLAND

Date 1904 Month 2 Day 11 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Wm H Gordon

Mother's Maiden Name

Cause of Death: Primary

Immediate Pulmonary Tuberculosis

How long sick about a year

Accident, Suicide, Homicide

Reported by Dr. Thos. E. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70688

Popular Science

Feb. 14th

H. C Burke

Name in Full: Florence Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: White Marsh — County: Baltimore

Date of death 1904 — Month: 2 — Day: 24 — Age — Years: 21 — Months: 1 — Days: 4

Sex: Female — Color or Race: Black — Birthplace: Baltimore Co

Married, Single or Widowed: Single — Occupation: House Keeper

Name of Wife or Husband: - - - - - - - -

Father's Name: John E. Hackett — Father's Birthplace: Baltimore Co

Mother's Maiden Name: Mary K. Wicks — Mother's Birthplace: " "

Name of person giving information: Edwd Hackett — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lung — How long: Not Definite — Several Years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yrs

Signature of Physician: Dr. C. W. Gilbert

Address: White Marsh. Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Interment
Sorley
no further
issued
Feb 25 - 3

Name in Full: George Hammelbacker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Orangeville; County: Balto

Date of death: Month: 2nd; Day: 20th; 1904

Age: Years: 68; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: Ger

Mother's Maiden Name: —

Mother's Birthplace: Ger

Name of person giving Information: John Hammelbacker

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights.

How long: 6 mo

Immediate: Uraemic. Coma.

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Schaufeld

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Francis M. Hamilton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto

Date of death: Month: 2 — Day: 7 — Years: 35 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore Md

Occupation: Clerk S + Johnes — Where Residing if not at place of death: Pratt Eg Fifth

Married, Single or Widowed: Widow — Name of Wife or Husband: William Hamilton

Father's Name: Mathew Miller. — Father's Birthplace: Ireland

Mother's Maiden Name: Ann Rebecca Moore — Mother's Birthplace: Not Known

Name of person giving Information: Charles H. Glenn — How related to deceased: Brother in law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis — How long: 2 mos.

Immediate: Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Truax

Address: 3 Eq Gough

Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A66516

Wm S. Hay

Name in Full: Aaron Hunsick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point. County: Balto.

Date of death: Month: Feb. Day: 12 1904

Age: Years: 41 Months: 5 Days: 12

Sex: Male

Color or Race: White

Birthplace: Delaware

Occupation: Ironworker

Where Residing if not at place of death: Sparrows Point

Married, ~~Single or Widowed~~

Name or Wife or Husband: Emma Hunsick

Father's Name: Aaron Hunsick

Father's Birthplace: Del.

Mother's Maiden Name: Mary A Warton

Mother's Birthplace: Del.

Name of person giving information: Mrs. Hunsick

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis

How long: 4 months

Immediate: Pneumonia

How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eckel M.D.

Address: Sparrows Point Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full

Certificate of Death

Mrs Essie Harris

Town

Died at Norrun

County

Balto

MARYLAND

Date 1904	Month Feb	Day 19	Age Y. 24	M. 20	D.	Native of Md	Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living one

~~Husband~~ Wife of Edward F. Harris

Father's Name John A Kidd

Mother's Maiden Name Emma M Fritz

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 2 Months

Immediate: Collapse of Lung

~~Accident, Suicide, Homicide~~

Reported by Dr W. R. Burdett

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by [illegible], undertaker or minister.

Boyhood
Feb. Tuesday

Name in Full: Albert A. Hamm

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Balto.

Date of death 1904: Month: 2 — Day: 23

Age: Years: 54 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Pa

Occupation: Physician

~~Married, Single~~ or Widowed

Name of Wife or ~~Husband~~: Mary E. Sleyndecker

Father's Name: Andrew J. Hamm — Father's Birthplace: Pa

Mother's Maiden Name: Mary A. Hillis — Mother's Birthplace: Md

Name of person giving In formation: Andrew Hamm — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 6 Months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edwin E. Jones

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU A68516

Arlington
Balto. Co.

Name in Full: John P. Housner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockburn; County: Balto

Date of death 1904: Month: 2; Day: 3

Age: Years: 75; Months; Days

Sex: Male

Color or Race: white

Birthplace

Married, Single or Widowed: Married

Occupation: Cooper

Name of Wife or Husband: Mary Housner

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: Josh Housner

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic brights disease — How long

Immediate: Coma & Convulsions — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Cosden MD

Address: Gardenville Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Susanna Hartley

Town: Diamond Ridge | County: Balto | MARYLAND

Died at Diamond Ridge

Date 1904 Month: Feb Day: 27	Age Y.: 71 M.: 9 D.: 13	Native of: Md	Occupation: Spinster

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

Widow / Widower

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name: Thomas Hartley

Mother's Maiden Name: Edith Kenny

Cause of Death:

Primary: Pneumonia

Immediate: Exhaustion

How long sick: 6 days

~~Accident, Suicide, Homicide~~

Reported by: J. Tassey Wallenmyer M.D.

Address: Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Casper Hartnedy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Washington — County: Balto Co

Date of death: Month: Feb — Day: 12 — Years: Age 83 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Gardner — Where Residing if not at place of death: Mt Washington

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Mary Hartnedy

Father's Name: Not Known. — Father's Birthplace: Not Known

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Imformation: Kattie Hartnedy — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Atheroma — How long: 2 years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William Todd

Address: Mt Washington Md

Accident or Suicide?

41

LIBRARY BUREAU A88018

A S Marshall

Feb 14 - 1904

Mt. Carmel Cemetary

Name in Full _____ Hedrick

Certificate of Death

Town: Warren County: Balto. MARYLAND

Died at

Date 1904 Month 2 Day 16 | Age Y. 5 or 6 M. D. hours | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living not any

Husband of

Wife

Father's Name Chas W Hedrick Mother's Maiden Name Annie Craumer

Cause of Death: Primary — How long sick: Lived 5 or 6 hours

Immediate — Accident, Suicide, Homicide

Reported by D. Thos. C. Bussey Texas

Address Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70909

Name in Full: Theo. A. Heinecke

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Govans town (County) Baltimore

Date of death 190 ✓ Month: Feby Day: 21

Age: Years 80 Months Days

Sex: Male Color or Race: White Birthplace: Germany

Married, ~~Single~~ or ~~Widowed~~ Occupation: None

Name of Wife or Husband: Elizabeth Heinecke

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information: Elizabeth Heinecke How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma & Bronchitis How long: about 1 year

Immediate: Heart collapse How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Govans town Md

~~Accident or Suicide?~~

LIBRARY BUREAU A98516

Gorenski Petkyd

Name in Full: Margrett E Helmling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death: Month: Feb; Day: 9; 1904

Age: Years: 19; Months: 4; Days: 4

Sex: Female

Color or Race: white

Birthplace: Balto co Md

Occupation:

Where Residing if not at place of death: Pikesville

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm H Helmling

Father's Birthplace: Balto co Md

Mother's Maiden Name: Eliza Delworth

Mother's Birthplace: " " "

Name of person giving Information: Wm H Helmling

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: One year

Immediate: Hemorrhage Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Louis Naylor

Address: Pikesville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY MSHAD A86516

Name in Full: Chas. H. Hermann

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lock Raven — County: Balto.

Date of death 190 — Month: 2 — Day: 24 — Age: Years: 33 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Balto city

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Harness Maker

Name of Wife or ~~Husband~~: Phenie Hermann

Father's Name: Chas H. Hermann — Father's Birthplace: Germany

Mother's Maiden Name: Regina Braun — Mother's Birthplace: Germany

Name of person giving In formation: Mrs Chas H. Hermann — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: acute Lobar Pneumonia — How long: 6 days

Immedlete: Paralysis — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Marrenbury

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A88518

Holy Redeemer
cem.

John Burns Sons
Towson

Name in Full: Weber, Herman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death: 1904 — Month: Feb — Day: 20 — Age: Years: 28 — Months — Days

Sex: male — Color or Race: white — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute melancholia — How long: one month

Immediate: Cerebral meningitis — How long: a week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Rushmer White M.D.

Address: Richard Gundry Home Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Earnest Gustavus Adolph. Hiehle.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington. County: Balto.

Date of death 1904: Month: Feb. Day: 18

Age: Years: 84 Months: 3 Days: 18

Sex: Male. Color or Race: White. Birthplace: Germany

Married, Single or Widowed: Married. Occupation: Professor of Arts

Name of Wife or Husband: Louise Bellmann

Father's Name: Gustavus Adolph Hiehle. Father's Birthplace: Germany

Mother's Maiden Name: Unknown. Mother's Birthplace:

Name of person giving Information: Louise Voight. How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Albuminuria. How long: Years

Immediate: Shock from fall & trauma. How long: 6 days.

120

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. D. Cox, M.D.

Address: Arlington Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A89516

Name in Full: Clara Lavinia Holmes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkton — County: Balto

Date of death 1904 — Month: 2 — Day: 24 — Age — Years: 25 — Months: — Days: 20

Sex: female — Color or Race: Colored — Birthplace: Parkton

Married, Single or Widowed: Married — Occupation: Car sweeper

Name of Wife or Husband: John W Holmes

Father's Name: Jason Jones — Father's Birthplace: Maryland

Mother's Maiden Name: Olivia Brown — Mother's Birthplace: Harford Co Md

Name of person giving Information: Olivia Jones — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Tuberculosis. — How long: Two years.

Immediate: Pneumonic Tuberculosis. — How long: Seven days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E W Heyde M.D.

Address: Parkton Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A8616

Name in Full: Mrs Mamie Hukler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Orella — County: Baltimore

Date of death 1904 — Month: May — Day: 3 — Age — Years: 19 — Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Wm Hukler

Father's Name: Nicholas Fisher — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 5 Months

Immediate: Cachexia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos B Hayes MD

Address: Ellicott City Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Allan Hull.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimor

Date of death: 1904 Month: Feb. Day: 22d — Age: Years: 29 Months: Days:

Sex: Mall — Color or Race: Black — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Married — Name of Wife or Husband: Alice Hull

Father's Name: Strother Hull — Father's Birthplace: Virginia

Mother's Maiden Name: Clara Thomas — Mother's Birthplace: Virginia

Name of person giving Imformation: Alice Hull — How related to deceased: widow R.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 or 4 months

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McCormick M.D.

Address: Sparrows Point Md.

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Henry Hunt

Died at Town: Cockeysville — County: Balto — MARYLAND

Date 1904 Month: Feb Day: 21 | Age Y.: 45 M.: 2 D.: 21 | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 11

Husband ~~Wife~~ of Susan Jane Rawlston

Father's Name Abel Hunt | Mother's Name Hannah Hayes

Cause of Death — Primary: Organic Heart-Dilatation — How long sick: One hour

Immediate: Indigestion — ~~Accident, Suicide, Homicide~~

Reported by Dr. T. H. Benson

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mrs. Zorn
Wednesday

Name in Full: Johnson.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: Feb; Day: 18; 1904

Age: Years: —; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: female. Color or Race: Col'd, Birthplace: Catonsville

Occupation: — Where Residing if not at place of death: "

Married, Single or Widowed: ~~Married~~ ~~Single~~ S. Name of Wife or Husband:

Father's Name: Wm Johnson Father's Birthplace: Catonsville

Mother's Maiden Name: Mary Johnson Mother's Birthplace: "

Name of person giving Imformation: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abortion 4 mos. How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Marshall B West.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A86518

Name in Full: George B Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County: Baltimore

Date of death: Month: Feb; Day: 20; 1904

Age: Years: 82; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Balto Co Md

Occupation: Farmer

Where Residing if not at place of death: Reisterstown

Married, Single or Widowed: Married

Name of Wife or Husband: Elizabeth Johnson

Father's Name: Eliza Johnson

Father's Birthplace: Unascertained Co

Mother's Maiden Name: Hannah Barnett

Mother's Birthplace: Balto Co Md

Name of person giving Information: Geo H Johnson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Cerebral Hemorrhage

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Gore M D

Address: Reisterstown Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Ruth A. Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glyndon; County: Baltimore

Date of death: Month: Feb; Day: 4; 1904

Age: Years: 30; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Balto Co Md

Occupation: House wife

Where Residing if not at place of death: Glyndon

Married, Single or Widowed: Married

Name of Wife or Husband: Edward Johnson

Father's Name: Arhen Thompson

Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Hanna Harden

Mother's Birthplace: Balto Co Md

Name of person giving information: Minrad Thompson

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropped dead

How long

Immediate: Fatty degeneration Heart

How long: Died suddenly

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M.D.

Address: Reisterstown

Accident ~~Suicide~~?

LIBRARY BUREAU ADDED

Name in Full: Not Named

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard; County: Falls

Date of death 1904: Month: 2; Day: 20

Age: Years: ; Months: ; Days: 3

Sex:

Color or Race: Colored

Birthplace: Sheppard

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edwards Jones

Father's Birthplace: Virginia

Mother's Maiden Name: Liakett Rose

Mother's Birthplace: Chesterfield

Name of person giving information: Edward Jones

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not known 179

How long: x 3

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Payne M.D.

Address: Corbett Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William H. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sparrows Pt. — County: Baltimore

Date of death: Month: Feb. — Day: 13 — Years: 62 — Months: 9 — Days: 1

Sex: male — Color or Race: White — Birthplace:

Occupation: Carpenter — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Sarah E. Jones

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Wm. H. Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Stenosis — How long: 3 months

Immediate: Mitral Stenosis — How long: 5 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. K. Petterian M.D.

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: Otho Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Trumps; County: Baltimore

Date of death 1904: Month: Feb.; Day: 27; Years: Age 31; Months: ov.; Days: 21

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj. Franklin Jordan; Father's Birthplace: Penna.

Mother's Maiden Name: Juliette Eliz. Anderson; Mother's Birthplace: Maryland

Name of person giving information: Jas. P. Jordan; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cellulitis; How long: 2 weeks

Immediate: Septicaemia; How long: Six Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Millard Sterling

Address: Shane

Balto Co, Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A8016

Name in Full: Marcus Kelly

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Mt Hope Retreat (County): Baltimore

Date of death: Month 1904 Day 2nd 4th

Age: Years 1906 64 Months — Days —

Sex: Male

Color or Race: White

Birthplace: Prussia

Occupation: Clergyman

Where Residing if not at place of death: Mt Hope Retreat

Married, Single or Widowed: Single

Name of Wife or Husband: —

64

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Imformation: Recds Mt Hope Retreat

How related to deceased: Not at all.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Uremia - Post Paralysis - Hemiplegia

How long: 3 or 4 yrs.

Immediate: Appoplexy.

How long: Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Mt Hope Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A6561G

Name in Full: Theodore T Kirby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govans — County: Baltimore

Date of death: Month: Feb — Day: 5 — 1904 — Age: Years: 67 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Mariner — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mary A Kirby

Father's Name: Isaac Kirby — Father's Birthplace: Md.

Mother's Maiden Name: Ann Salisbury — Mother's Birthplace: Md

Name of person giving Imformation: Mary A Kirby — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Weakness — How long: 5 days

Immediate: Sudden stopping of heart — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Govans Town Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Lou Retta Knight.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: Feb.; Day: 13

Age: Years: 1; Months: 2; Days: 11

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or ~~Widowed~~; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James J. Knight; Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Dasch; Mother's Birthplace: Maryland

Name of person giving information: James J. Knight; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia; How long: 2 4 hrs

Immediate: Convulsions; How long: — 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy M.D.

Address: 839 S. Canton

Accident or Suicide? —

LIBRARY BUREAU A88516

Zinkler + Zinkler
1739 E. Eager St.

Name in Full Patrick Knoll

Certificate of Death

Died at Town Balto. Co. County Almshouse MARYLAND

Date 1904 Month 2 Day 29 Age Y. 78 M. D. Native of Germany Occupation Tailor

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ Widow / Widower Divorced / Number of children living

Husband of / Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — cause to Insubulum 6 yrs. ago

How long sick? with the disease

Immediate — Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by Thomas R. Dussey M.D.

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70838

Name in Full: Lucile E. Kolkmeyer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt. Washington Md. County:

Date of death 1904: Month: Feb Day: 2 Age: Years: 11 Months: 6 Days:

Sex: Female Color or Race: White. Birthplace: Missouri.

Married, Single or Widowed: Single Occupation:

Name of Wife or Husband:

Father's Name: Joseph Kolkmeyer Father's Birthplace: don't know

Mother's Maiden Name: Helen R. McKenna Mother's Birthplace: do not know

Name of person giving Information: L. C. Kaarsberger How related to deceased: Boarder-friend

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 7 days

Immediate: Apnea. How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William J. Todd

Address: Mt. Washington Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Philip Kraft

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Holethorpe; County: Baltimore

Date of death 1904: Month: Feb.; Day: 18; Age: Years: 27; Months; Days

Sex: Male; Color or Race: White; Birthplace: Balto. Co. Md.

Married, Single or Widowed: Single; Occupation: Farm-hand

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information: Wm Lange; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption - (Tuberculosis); How long: 3 Years

Immediate: Ascites; How long: 3 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Albert B. Lyman

Address: 504 Sharp St. Baltimore, Md.

Accident or Suicide?

LIBRARY BUREAU A89910

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Margerite Kremer

Died at: Town: Canton; County: Balto

Date of death 1904: Month: Feby; Day: 15th; Age: Years: —; Months: —; Days: 2

Sex: Female; Color or Race: White; Birthplace: Canton Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband:

Father's Name: Theodore Kremer; Father's Birthplace: Balto Co

Mother's Maiden Name: Catherine Donnelly; Mother's Birthplace: Md City

Name of person giving Information: Father; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion Valvular disease of Heart; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. W. Athey

Address: 2. Hopkins Pl

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Isaac Larkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Corbett — Town — County: Garrett

Date of death 1904: Month 2 — Day 8 — Age: Years 1 — Months 1 — Days 3

Sex: male — Color or Race: colored — Birthplace: Corbett

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Not known — Father's Birthplace: —

Mother's Maiden Name: Mary Larkins — Mother's Birthplace: Corbett

Name of person giving Information: Isaac Hudgel — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: 2 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Payne

Address: Corbett

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Ferdinand Leimkuhler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt Hope (Town) Baltimore (County)

Date of death 1900: February 16th

Age: 43 yrs (Years / Months / Days)

Sex: Male

Color or Race: White

Birth-place: Unknown

Occupation: Shoemaker

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Margaret T Leimkuhler

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 9 months

Immediate: Hypostatic Congestion — How long: One week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. B. Emson M.D.

Address: Mt Hope Md

Accident or Suicide?

LIBRARY BUREAU A883810

Name in Full: George Leitsch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

Date of death 190 4: Month: Feb.; Day: 22nd; Age: Years 58; Months 6; Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife ~~or Husband~~: Margaret Rauh

Father's Name: Joseph Leitsch; Father's Birthplace: Germany

Mother's Maiden Name: don't know; Mother's Birthplace: Germany

Name of person giving In formation: Margaret Leitsch; How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe Enteritis; How long: 4 days

Immediate: Septicemia Mrue; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. Athey

Address: 2. Hudson st bet

Accident or Suicide?

LIBRARY BUREAU A86916

Germanus France

Sacred Heart Cem

Feb 25th 1904

Name in Full: Rees Leyshon

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Balto. — MARYLAND

Date of death 1904 — Month: Feby — Day: 3 — Age — Years: 86 — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Wales

Occupation: Copper Smelter — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Ann Leyshon

Father's Name: Rees Leyshon — Father's Birthplace: Wales

Mother's Maiden Name: Ann Wright — Mother's Birthplace: Wales

Name of person giving Information: Geo Leyshon — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: one week

Immediate: Exhaustion. old age — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St.

Accident or Suicide?

LIBRARY BUREAU Add616

Bayou McCarroll

Name in Full: Sebastian Linz

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: Feb. — Day: 29

Age — Years: — Months: 5 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

Father's Name: Andreas Linz — Father's Birthplace: Germany

Mother's Maiden Name: Anna M. Wirth — Mother's Birthplace: Germany

Name of person giving In formation: Anna M. Linz — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Symptoms Opium Poisoning — How long: 1 or 2 days

Immediete: Cardiac Failure & Asphyxia — How long: 1 or 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Frank A. Islanta

Address: 41 Eastern Ave. E/L.

Accident or Suicide?

LIBRARY BUREAU A88516

Germanus France

March. 2nd 1904

Sacred Heart Cemetery.

Name in Full

Certificate of Death

Ruth Catherine Lipscomb

Died at Wrightsville (Town) Balto (County) MARYLAND

Date 1904 Month Feb Day 23 | Age Y. 2 M. 9 D. 21 | Native of Md | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 106

Husband / Wife of

Father's Name John S. Lipscomb

Mother's Name Katie R. Lipscomb

Cause of Death — Primary: Enteritis

How long sick 2 weeks

Immediate: Meningitis

~~Accident Suicide Homicide~~

Reported by J. F. Waltemeyer M.D

Address Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full

Certificate of Death

Ellen Virginia Lloyd

Died at Town Ashland County Baltimore MARYLAND

Date 1904 Month Feb Day 27 | Age Y. 32 M. 5 D. 8 | Native of Maryland | Occupation Home

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 5

~~Husband~~ ~~Wife~~ of

Father's Name Andrew Jackson Lloyd

Mother's Maiden Name X X

Cause of Death: Primary — Pulmonary Tuberculosis — How long sick 4 months

Immediate — Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Dr J E Benson

Address Rockyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Arthur Mc Gill

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death: Month: 2; Day: 20; 1904

Age: Years: 78; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Oyster business

Where Residing if not at place of death: 523 N. Lafayette Ave

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Grippe — How long: 2 wks

Immediate: Cardiac weakness — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fw Keown MD

Address: 1938 E. Lanvale

Accident or Suicide?

LIBRARY BUREAU Add516

Name in Full: Arthur H Mann Sr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death 190 4: Month: Feby; Day: 1; Years Age: 76; Months: 4; Days: —

Sex: Male; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Married; Occupation: —

Name of Wife or Husband: Augusta C. Mann

Father's Name: John Mann; Father's Birthplace: Ireland

Mother's Maiden Name: Martha Ann Howard; Mother's Birthplace: "

Name of person giving information: A. H. Mann Jr; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ch Interstitial Nephritis; How long: 10 years

Immediate: Cerebral Hemorrhage; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Charles L. Mattfeldt M.D.

Address: Catonsville Md

Accident or Suicide? —

LIBRARY BUREAU A83515

Name in Full

Certificate of Death

Sarah Ann Matthews

Died at Town: Philpots County: Balto Co MARYLAND

Date 19 04 Month 2 Day 8 | Age Y. 87 M. D. | Native of Balto Co | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 6

~~Husband~~ Wife of Daniel Matthews

Father's Name William Philpot | Mother's Maiden Name Ann Trimble

Cause of Death: Primary Cystitis 123 | How long sick 5 weeks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by H. G. Mitchell

Address Glenco. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70999

Isaiah Conley
Feb 10

Name in Full — Certificate of Death

Angela Magsamen

Died at Highlandtown, Balto. City — Town — County — MARYLAND

Date 1904 Month Feb. Day 3 — Age Y. 73 M. 6 D. 12 — Native of Germany — Occupation Housewife

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — Divorced

Number of children living 6

Husband of Wife John Magsamen

Father's Name — Mother's Name

93.

Cause of Death — Primary Pneumonia — How long sick 10 days

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by A. J. Harner, M.D.

Address #1120 Highland Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Carroll Meredith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Emmitsburg — County: Baltimore

Date of death 1904 — Month: 2 — Day: 23 — Age: Years — Months: 2 weeks — Days

Sex: Male — Color or Race: White — Birthplace: Emmitsburg Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

151.

Father's Name: Emmett W. Meredith — Father's Birthplace: Emmitsburg Md

Mother's Maiden Name: Effie Almony — Mother's Birthplace: Emmitsburg Md

Name of person giving information: Emmett W. Meredith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 1 week

Immediate: Marasmus — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas C. Baldwin

Address: White Hall Md.

Accident or Suicide?

LIBRARY BUREAU A38316

Name in Full

Certificate of Death

Wm Merryman

Town: Ashland | County: Balto. | MARYLAND

Died at

Date 1904	Month: 2	Day: 2	Age: Y. 63 M. 1 D.	Native of: Md	Occupation: Blacksmith

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 3

Husband of ~~Wife~~ Maranda Stiffler

Father's Name: John Merryman | Mother's Maiden Name: Dotie Cross

Cause of Death:

- Primary: Chronic Endocarditis — How long sick: 3 yrs.
- Immediate: Apnoea — ~~Accident, Suicide, Homicide~~

Reported by: Wilmer C. Ensor M. D.

Address: Corkeysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full: Conrad Metzger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death 1904 Month Feb Day 28th

Age: Years 68 Months — Days —

Sex: Male

Color or Race: White

Birthplace

Occupation: Religious

Where Residing if not at place of death: Philadelphia

Married, Single or Widowed: Single

Name of Wife or Husband

Father's Name: —

Father's Birthplace: Germany

Mother's Maiden Name: —

Mother's Birthplace: "

Name of person giving Information: Rects of Mt Hope

How related to deceased: Moral all -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia Chronic -

How long

Immediate: Ex Pul & Asphyxia Congestion

How long: -Chron. Interstitial Nephritis -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat - Baltimore Co - Md -

Accident or Suicide?

LIBRARY BUREAU A88016

Henry W Jenkins Son

Name in Full: Mary Moll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death 190 4 — Month: 2 — Day: 28 — Age — Years: 34 — Months: 11 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Housework

Name of ~~Wife~~ or Husband: Henry Moll

Father's Name: James W. Dorothy — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Fitzpatrick — Mother's Birthplace: Ireland

Name of person giving information: Henry Moll — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Albuminuria — How long: 7 months

Immediate: Uremia — Collapse — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Edwards M.D.

Address: 1073 Canton Sq.

Accident or Suicide? No

LIBRARY BUREAU A6881B

Sacred Heart Cemetery

H. Sander & Sons.

Name in Full

Certificate of Death

Mrs. Comfort Morella W. Morrison

Died at Town: Cockeysville County: Balto MARYLAND

Date 1904 Month: Feb Day: 21 | Age Y.: 73 M.: 7 D.: 23 | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living: Four

~~Husband~~ Wife of Rev. Geo. Morrison

Father's Name: Joshua Hockey Mother's Maiden Name: Henrietta Worthington

Cause of Death: Primary: Bright's disease — How long sick: 2 Months

Immediate: Dilatation Heart — ~~Accident, Suicide, Homicide~~

Reported by Dr. W.B. Barnes

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79688

Name in Full: Leonard E Myers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Violetville; County: Balto

Date of death 190 4: Month: Feb; Day: 28; Age: Years: ~~0~~ 71; Months; Days

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed; Occupation: Laborer

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: X

Father's Name: X

Father's Birthplace

Mother's Maiden Name: X

Mother's Birthplace

Name of person giving Information: Mrs Sleffe

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 years

Immediate: Endocarditis — How long: 5 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Asa L Wessels M.D

Address: 514 Frederick ave

Baltimore Md

Accident or Suicide? No

LIBRARY BUREAU ARS 16

Name in Full: John Ochs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Londsdown — County: Baltimore

Date of death: Month: Feb — Day: 23 — Years: 1904 — Age: C — Months: — — Days: 2

Sex: Male — Color or Race: White — Birthplace: Baltimore Co

Occupation: C — Where Residing if not at place of death: Londsdown Balto Co

Married, Single or Widowed: S — Name or Wife or Husband: —

Father's Name: Geo Ochs — Father's Birthplace: Baltimore Co

Mother's Maiden Name: Catherine Hibercorn — Mother's Birthplace: Baltimore Co

Name of person giving Information: George F. Ochs. — How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth. — How long

Immediate: Natural Causes. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank H. Buhl

Address: Lansdowne Md.

Accident or Suicide?

LIBRARY BUREAU A03516

Name in Full: Josephine Ochs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Londondown — County: Baltimore

Date of death: 1904 — Month: Feb — Day: 23 — Age: Years — Months — Days: 2

Sex: Female — Color or Race: white — Birthplace: Baltimore Co. Md

Occupation: C — Where Residing if not at place of death: Londondown Balto Co

Married, Single or Widowed: C — Name of Wife or Husband:

Father's Name: George Ochs — Father's Birthplace: Baltimore Co. Md

Mother's Maiden Name: Catherine Hohenwarter — Mother's Birthplace: Baltimore Co. Md

Name of person giving information: George F. Ochs. — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long

Immediate: Natural Causes — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank H. Ruhl

Address: Londondown Balto Co. Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs. M Reilly.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town 726 E 1904 — County Baltimore Co

Date of death 1904: Month 12 — Day 6

Age: Years 66 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: — Occupation: Housewife

Name of Wife or Husband: Michael Reilly

Father's Name: — Father's Birthplace:

Mother's Maiden Name: McMahon — Mother's Birthplace: Ireland

Name of person giving Information: Michael Reilly — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Renal Congestion — How long

Immediate: Uraemia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Lawrence

Address: 1114 Chesapeake St.

Accident or Suicide? No

LIBRARY BUREAU AB8818

Name in Full: Henry Overker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Balto Co — County: Balto

Date of death: Month 2, Day 20, 1904 — Age: Years 62, Months —, Days —

Sex: Mal — Color or Race: White — Birthplace: —

Occupation: Retired — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Mrs Overker

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Mrs Overker. — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Dysentery — How long: 6 mo.

Immediate: Exhaustion. — How long: 4 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L C Schofield

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A83516

J. Herwig & Son
Trinity Lane

Name in Full: Harry Walter Owens

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Dickeysville — County: Balto. Co

Date of death 1904 — Month: 2 — Day: 11

Age — Years: 23 — Months: 2 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Grays Balto Co Md

Married, Single or Widowed: Single — Occupation: Painter

Name of Wife or Husband:

Father's Name: Jerome Owens — Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Eliza J. Boulden — Mother's Birthplace: Laurel Prince George Co Md

Name of person giving information: Jerome Owens — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis — How long: 2 weeks

Immediate: Pulmonary Hemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Shinks

Address: Sowhatan Md.

Accident or Suicide?

LIBRARY BUREAU A66218

Ridge Cemetery
Dickeysville Balto Co Md

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Eduard G. Penniman

Died at: Town: Mt Washington — County: Baltimore

Date of death: Month: February — Day: 21 — Years: 59 — Months: — — Days: 10

Sex: Male — Color or Race: White — Birthplace: Baltimore Md.

Occupation: Vice President U.S. Fidelity Co — Where Residing if not at place of death: Mt Washington Md

Married, Single or Widowed: Married — Name of Wife or Husband: Naomia Gosnell Penniman

Father's Name: Augustus Penniman — Father's Birthplace: Mass

Mother's Maiden Name: Mary E. Wallace — Mother's Birthplace: Balto. Md

Name of person giving Information: Mrs. David Brisco — How related to deceased: Sister

120.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: 2 yrs

Immediate: Uremic Infection — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. E. Hammond

Address: 1007 Cathedral St

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full: Mary Pilert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Balto

Date of death: Month: 2; Day: 4; 1904

Age: Years: 42; Months; Days

Sex: Female; Color or Race: White; Birthplace: Balto.

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or Husband: Geo Pilert

Father's Name: Fredk Spillman; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Imformation: Wm Pilert; How related to deceased: Brotherinlaw

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long

Immediate: Asthenia; How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D Eu Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Anna Pitts

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hereford — County: Baltimore

Date of death 1904: Month: 2 — Day: 23

Age: Years: 87 — Months: 7 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Black Rock

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband: Joshua B. Pitts

Father's Name: Joshua Hale — Father's Birthplace: Balto Md.

Mother's Maiden Name: Mary Pessenham — Mother's Birthplace: Balto Md.

Name of person giving Information: Thomas Pitts — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: one week

Immediate: Paralysis — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A B Mitchell

Address: Monkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lizy Pitts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chas — County: Bacto

Date of death: 1904 — Month: Feby — Day: 2 — Age: Years: 23 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Georg Pitts — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Charles Pitts — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis — How long: 2 months

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Conaco

Address: Bossville

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full George Preston

Certificate of Death

Died at Town Balif Co County almshouse MARYLAND

Date 1904 Month 2 Day 3 | Age Y. 90 M. D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: Rheumatism — How long sick

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by Dr. Thos. L. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Slythen Rasin Price

Certificate of Death

Town: Parran County: Balto Died at MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	Feb 24	87 -	Md	Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widower~~ Widower | ~~Divorced~~ | Number of children living Four

Husband ~~Wife~~ of Mary Land

Father's Name Abraham Price Mother's Maiden Name Elizabeth Bowhost

Cause of Death — Primary: Cortico-Sclerosis

Immediate: Suppression of Urine

How long sick: 6 Days

~~Accident, Suicide, Homicide~~

Reported by Dr T. B. Johnson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73899

Price glass yard

Oregon

Name In Full: Maggie Raeno.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County:

Date of death: Month: Feb. Day: 7 1904

Age: Years: 52 yrs Months: 1 Days: 7

Sex: F Color or Race: W. Birthplace: Germany

Occupation: —

Where Residing if not at place of death:

Married, ~~single or Widowed~~: Married Name ~~of Father or~~ Husband: Lavani Raeno

Father's Name: John Goetz Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: Germany

Name of person giving information: Adam Weinecke How related to deceased: +

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation / Aortic Stenosis How long: 3 yrs.

Immediate: Pulmonary Congestion How long: 6 mths.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Anthony L. Pittaliato

Address: 805 Ensquith St.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: William H. Reiser

CERTIFICATE OF DEATH

MARYLAND

Died at: (Name of) Highlandtown; County: Baltimore

Date of death 1907: Month 2; Day 10; Age: Years 64; Months 8; Days 4

Sex: Male; Color or Race: White; Birthplace: Baltimore Co

Married, Single or Widowed: —; Occupation: Justice of Peace

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Undertaker

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

69

CAUSES OF DEATH

Primary: Epilepsy

How long: Life Time

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Stallmann

Address: 814 Chesapeake St

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Jacob Richter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastern ave Road; County: Balto

Date of death 1904	Month	Day	Years	Months	Days
	2	22	Age 1	5	

Sex: Male | Color or Race: White | Birthplace: Md.

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband:

Father's Name: Geo. H. Richter | Father's Birthplace: Germany

Mother's Maiden Name: Augusta Wagner | Mother's Birthplace: " "

Name of person giving Information: John Herwig r Son | How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup | How long: 1 day

Immediate: Asphyxia | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. S. Warner

Address: 1120 Highland Ave.

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A6331S

J. Herwig & Son

St Paul Minn.

Name in Full: Ruth Viola Ritter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Dickeyville	(County)	Balto		
Date of death 1904	Month: 2	Day: 24	Age: Years 3	Months 6	Days 2
Sex	Female	Color or Race	White	Birthplace	Dickeyville
Married, Single or Widowed	—	Occupation	—		
Name of Wife or Husband	—				
Father's Name	John Wesley Ritter		Father's Birthplace	Dickeyville	
Mother's Maiden Name	Josephine Shaffer		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Measles	How long	10 days
Immediate	Broncho pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George F. Brunner,
		Address	90 r Russell st
Accident or Suicide?			

LIBRARY BUREAU A98816

Mt Olive Cem.
Balto Co Md

Name in Full: Charles Rosman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Edgewood Sanitarium; County: Baltimore

Date of death 1904: Month: 2; Day: 5

Age: Years: 24; Months: ; Days: 9

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Single

Occupation: Tailor

Name of Wife or Husband:

Father's Name: Nathan Rosman

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Mrs Hoffman

How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 4 years

Immediate: Pulmonary Hemorrhage

How long: half hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J A Jarrett

Address: Towson, Md

Accident or Suicide?

LIBRARY BUREAU A88516

222 N. Bond St.
Phil- Road
Hebrew Cem.

Name in Full: Elizabeth Rotch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Olivet near Catonsville; County: Baltimore Co

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	Feb	24th	Age 41	7	6

Sex: Female

Color or Race: White

Birthplace: Baltimore Md

Occupation: Religieuse

Where Residing if not at place of death:

Married, Single or ~~Widowed~~

Name or Wife or Husband:

Father's Name: George Rotch

Father's Birthplace: Orleans

Mother's Maiden Name: Catherine Lynn

Mother's Birthplace: Orleans

Name of person giving Information: Mother Superior Mt Olivet Sales

How related to deceased: nil

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 12 days

Immediate: Coma — How long: 2 ½ days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J C Mammonier

Address: Dickeyville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Albert J. Sackett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton County: Balto

Date of death 1904: Month: Feby Day: 26th Age: Years Months Days: 6 -

Sex: Male Color or Race: White Birthplace: Balto Co.

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: A. J. Sackett Father's Birthplace: Ohio.

Mother's Maiden Name: Mary J McAllister Mother's Birthplace: Del.

Name of person giving Information: J How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. V. Briley

Address

Accident or Suicide?

LIBRARY BUREAU A89819

Name in Full: Anna Schlaffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: Oct. — Day: 20th — Age: Years 74 — Months — Days 10

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: None

Name of ~~Wife or~~ Husband: Franz Schlaffer

Father's Name: Karl Ptzel — Father's Birthplace: Germany

Mother's Maiden Name: Mary Anna Boeswald — Mother's Birthplace: Germany

Name of person giving information: Charles Schlaffer — How related to deceased: Son

164

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of femur. — How long: 5 weeks

Immediate: Paralysis of Apnia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. C. Schofield

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Holy Redeemer Cemetery

Feb. 23rd 1904

Germanus France

Bank & Wolf Sts

Under later

Name in Full: Franz Joseph Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: Feb. — Day: 1st — Age — Years: — Months: 6 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: single — Occupation: None

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Schmidt — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Mockel — Mother's Birthplace:

Name of person giving information: John Schmidt — How related to deceased: Father

90

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis Acute — How long:

Immediate: Convulsions — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C V Kelley

Address: 2 Madison St

Accident or Suicide?

LIBRARY BUREAU A66318

Sacred Heart Cemetery

Feb. 3rd 1904

Germanus France

Undertaker

Name in Full: Adam Schneider

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westport; County: Baltimore

Date of death 190 4: Month: February; Day: 3

Age: Years: 58; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Married

Occupation: Machinist

Name of Wife or Husband: —

Father's Name: Henry Schneider

Father's Birthplace: Germany

Mother's Maiden Name: Dahlem

Mother's Birthplace: Germany

Name of person giving Information: George Schneider

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatic Cirhosis

How long: 2 yrs

Immediate: Dropsy

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L G Frazier M.D

Address: 1655 N Fulton ave Balto

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mollie Schuessler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death: Month: 2; Day: 2; Years: 30; Months: 3; Days: —

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: House wife; Where Residing if not at place of death: 1223 Third St.

Married, Single or Widowed: Married; Name of Husband: John F. Schuessler

Father's Name: Henry Herbert; Father's Birthplace: Germany

Mother's Maiden Name: Caroline Lutzer; Mother's Birthplace: Germany

Name of person giving information: John F. Schuessler; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pericarditis. How long: 8 mos.

Immediate: Syncope & Exhaustion. How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. L. Grier

Address: 3 Eng Bough Highland town

Accident or Suicide? No

LIBRARY BUREAU A88516

Name In Full Infant of Thomas Scovis

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Towson County: Balto

Date of death 1904 Month: Feb Day: 8

Age: Years — Months — Days: 3

Sex: male Color or Race: col Birthplace: Towson

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Thomas Scovis Father's Birthplace: Providence

Mother's Maiden Name: Laura J. Foster Mother's Birthplace: Baltimore

Name of person giving Information: Priscilla Williams How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions How long: 3

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Priscilla A. Williams

Address: 4 Virginia Ave

Accident or Suicide:

LIBRARY BUREAU A6U516

Scovens Cem.

Providence

Ballo=

Co

Name in Full: Anna Shanahan

91

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Glen Arm — County: Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	Feb.	6	Age 72		

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Timothy Shanahan

Father's Name: John McCarroll — Father's Birthplace: Ireland

Mother's Maiden Name: Unknown — Mother's Birthplace: "

93

Name of person giving Imformation: John J. Shanahan — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: years

Immediate: Pneumonia — How long: one week

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Gittings

Accident or ~~Suicide~~?

LIBRARY BUREAU A38018

92

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Edward J. Shanahan

Died at: Town: Glen Arm — County: Baltimore

Date of death: Month: Feb. — Day: 13 — Years: 22 — Months: 2 — Days: 17

Sex: Male — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

93

Father's Name: John J. Shanahan — Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: Anna O'Connor — Mother's Birthplace: Balto. City Md.

Name of person giving Imformation: John J. Shanahan — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: one week

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. A. Green

Address: Gittings Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Charles F. Shelley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Hope Retreat — County: Baltimore

Date of death: Month: Feb — Day: 15 — 1904

Years: Age .78 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Occupation: Carpenter — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Edward Shelley — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteio Sclerosis + Sen. Degenat — How long: Indefinite

Immediate: Ephasin in Circulatory system — How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles F. Hill MD

Address: Mt Hope Retreat

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Unnamed Sheppard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Feby	Day: 21	Years: Age —	Months: —	Days: 1/2
Sex: Male	Color or Race: White	Birthplace: Highland town
Occupation: none	Where Residing if not at place of death: —
Married, Single or Widowed: —	Name of Wife or Husband: —
Father's Name: John a Sheppard	Father's Birthplace: Baltimore Md
Mother's Maiden Name: Francis J Young	Mother's Birthplace: Queen Grays Co Md
Name of person giving Information: S S Magness M D	How related to deceased: Phys

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Purpura Hemorrhagica	How long: 15 hrs.
Immediate: Intracranial	How long: 8 hrs.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: S. S. Magness
	Address: 2327 E. Lafayette Ave
Accident or Suicide? —	

LIBRARY BUREAU AM6516

Name in Full: Unnamed Infant of C. C. Simms

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mt Winans — County: Baltimore

Date of death 1904 — Month: Feb. — Day: 23rd — Age: Years — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Mt Winans

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: C. C. Simms — Father's Birthplace: A. A. Co. Md

Mother's Maiden Name: Josephine Smith — Mother's Birthplace: Baltimore Md

Name of person giving Information: Josephine Simms — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: Still Born — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Parks

Address: Lansdowne, Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: James Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital; County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	2	9	Age 41		

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Painter

Where Residing if not at place of death: 832 Covington St.

~~Married, Single~~ or Widowed

Name or Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long

Immediate: " " — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Frank Dorsey M.D.

Address: St. Agnes' Hospital, Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU A3051

Name in Full: Theodore L. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hereford — County: Balto

Date of death 1904 — Month: 2 — Day: 2

Age — Years: — Months: 4 — Days: 19

Sex: male

Color or Race: Colored

Birthplace: Hereford Md.

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: George Smith 90.

Father's Birthplace: Belfast Md.

Mother's Maiden Name: Clara Kelley

Mother's Birthplace: Hereford Md.

Name of person giving information: Geo W Smith

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paroxysmal Bronchitis

How long: Two weeks

Immediate: Spasmus

How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: A. R. Mitchell.

Address: Monkton, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Emma D. Sober

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: Dec; Day: 29; Age: Years: 27; Months: 9; Days: 13

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: John F. Sober

Father's Name: William Jenkins; Father's Birthplace: Wales

Mother's Maiden Name: Mary Minger; Mother's Birthplace: Maryland

Name of person giving information: John F. Sober; How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long:

Immediate: Uraemia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: 1114 Chesapeake St

Accident or Suicide? No

LIBRARY BUREAU A28518

H. Sander & Sons
Sunbury Pa

Name in Full: Percy A. Loper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death 1904: Month: 2; Day: 17

Age: Years: 16; Months: —; Days: —

Sex: Male

Color or Race: W.

Birthplace: Maryland

Occupation: Schoolboy

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Elmer Loper

Father's Birthplace: Maryland

Mother's Maiden Name: Asabel Loper

Mother's Birthplace: Maryland

Name of person giving information: Asabel Loper

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pleuro-Pneumonia — How long: 7 weeks

Immediate: Cardiac Asthenia — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Rayston Green M. D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A68518

Prospect Hill cem..
Towson
John Burns Son

Name in Full: Permelia Standiford

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Highlandtown — County: Balto

Date of death: Month: 2 — Day: 18. — Years: 84 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Harford Co

Occupation: none — Where Residing if not at place of death: 101 Pratt St

Married, Single or Widowed: Widow — Name of Wife or Husband: Deceased

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Edward V. Standiford — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age. Diarrhoea + Exhaustion. — How long:

Immediate: Syncope — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Thrift

Address: 3 and Gough Highlandtown. Md.

Accident or Suicide? No

LIBRARY BUREAU A88818

Harry Schultz

Salem, Ball Co.

Name in Full: Margaret Stengel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hamilton — County: Balto.

Date of death 190 4: Month: February — Day: 5 — Age: Years: 78 — Months: 1 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: George Stengel

Father's Name: Fredy Glotzbach — Father's Birthplace: Germany

Mother's Maiden Name: Margaret Schiffhauer — Mother's Birthplace: Germany

Name of person giving Information: Theresa Felstead — How related to deceased: daughter

90

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: 10 days

Immediate: Pneumonia — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. O. Stonesifer

Address: 4401 Carlene Ave Bal City

Accident or Suicide?

LIBRARY BUREAU A88316

Neme In Full Robert Stewart

Certificate of Death

Died at Town Balto. Co County Almshouse, MARYLAND

Date 1904 Month 2 Dey 22 | Age Y. 84 M. D. | Native of Virginia | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Fether's Name

Mother's Maiden Name Don't Know came to the Institution visited about 3 mos. ago

Cause of Death { Primery
Immediate Pulmonary Tuberculosis

How long sick

~~Accident, Suicide, Homicide~~

Reported by D. T. Thos. C. Bussey

Address Texas Md.

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full: Wm H. Stier

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Violetsville (County) Balto

Date of death 1904	Month	Day	Years	Months	Days
	2nd	5th	Age 80	6	11

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: White

Birthplace: Md

Married, ~~Single~~ or Widowed

Occupation: none

Name of Wife or Husband: Amelia A Stier

Father's Name: Wm H. Stier 93

Father's Birthplace: Md

Mother's Maiden Name: ~~Sarah Stier~~

Mother's Birthplace:

Name of person giving In formation: David Stier

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 7 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos Hall

Address: Mt Winans

Accident or Suicide? No

LIBRARY BUREAU 488516

London Park Cem

Full

George C. Sucro

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Catonsville — County: Baltimore

Date of death 190 4 — Month: Feb — Day: 5 — Age: Years 56 — Months — Days

Sex: M — Color or Race: White — Birthplace: Germany

Married, Single or Widowed — Occupation: Brewery Business

Name of Wife or Husband

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: A. J. Gundry M.D. — How related to deceased

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 7 hrs

Immediate: Heart failure — How long: ..

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred J. Gundry M.D.

Address: Catonsville

Accident or Suicide? No

LIBRARY BUREAU A83818

Name in Full: Catherine Sugars

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto Co

Date of death 1904 — Month: Feb — Day: 5 — Age: Years 104 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Montgomery Co Md

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband:

Father's Name: Williams — Father's Birthplace: ?

Mother's Maiden Name: Cummings — Mother's Birthplace:

Name of person giving information: Martha Owens — How related to deceased: Grand Daug Dr

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: 3 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W R Gorry M.D.

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Carlo Trotto

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balto

Date of death	Month	Day	Years	Months	Days
1904	2	20	Age 1	2	

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Constino Trotto — Father's Birthplace: Italy

Mother's Maiden Name: Rosia Copenger — Mother's Birthplace: Italy

Name of person giving Information: Constino Trotto — How related to deceased: father

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Convulsions — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J C Schofield

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Charles Louis Tinsley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Dickeyville — County: Baltimore

Date of death: Month: Feby — Day: 23 — Years: Age 49 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Lynchburg Va

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name or Wife or Husband:

Father's Name: Tipton Louis Tinsley — Father's Birthplace: Roanoke Va

Mother's Maiden Name: Elizabeth Calhoun — Mother's Birthplace: Lynchburg Va

Name of person giving Information: Mrs Carrie Tinsley — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver, Inflammation Stomach Bowels — How long:

Immediate: Syncope — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harold M Monemonix Jr

Address: Dickeyville, Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full Katharine Fully.

Certificate of Death

Town Fox

County Baltimore

Died at MARYLAND

Date 1904 Month 2 Day 4 | Age Y. 55 M. D. | Native of Md | Occupation House work

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Husband of~~ Wife John Fully

Father's Name | Mother's Maiden Name

Cause of Death: Primary Sudden — How long sick 1 hour

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by Wm C Brooks Undertaker

Address Philopolis

~~Must be signed by physician, if any in attendance, otherwise by coroner~~, undertaker ~~or minister~~.

LIBRARY BUREAU, 76,000

Name in Full: Elizabeth Turnbaugh

93

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dulaneys Valley; County: Baltimore

Date of death: Month: Feb. Day: 13th 1904; Age: Years: 16 Months: 10 Days: 26

Sex: Female; Color or Race: White; Birthplace: Balto. Co. Md.

Occupation: Housemaid; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Wm Turnbaugh; Father's Birthplace:

Mother's Maiden Name: Mary H. Corcoran; Mother's Birthplace: Harford Co. Md.

Name of person giving Imformation: Wm. Turnbaugh; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis; How long: One year

Immediate: " ; How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Gettinger, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Andrew J Ahler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near woodensburg (County) Batto

Date of death 1904 (Month) Feb (Day) 21

Age (Years) 73 (Months) (Days)

Sex Male

Color or Race White

Birthplace Batto Co Md

Occupation Farmer

Where Residing if not at place of death near woodensburg

Married, Single or Widowed Married

Name of Wife or Husband Mary Ahler

Father's Name Conrod Ahler

Father's Birthplace Batto Co Md

Mother's Maiden Name Kittie Stansbery

Mother's Birthplace Batto Co Md

Name of person giving information Wm Blizard

How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long 7 months

Immediate Heart trouble.

How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician Jas. H. Wilson M.D.

Address Frankleburg, Maryland.

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full — Certificate of Death

Luther Vansant

Died at Gatchellville (Town) York (County) Pa. MARYLAND

Date 1904 — Month 2 Day 13 — Age Y. 67 M. 9 D. 27 — Native of American — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — Widow ~~Widower~~ — Divorced — ~~Number of children~~ living

Husband of Wife

Father's Name Willard Vansant — Mother's Maiden Name Elizabeth Strehley

Cause of Death — Primary Pneumonia — How long sick 3 days

Immediate — Accident, Suicide, Homicide

Reported by Dr. J. Franklin Ferris

Address Gatchellville Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 768eR

Name in Full: Jennie Mable Walker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town 8th School District + 6th Dist. County Balt.

Date of death 1904: Month 2nd Day 3rd

Age: Years 14 Months 1 Days 1

Sex: Female

Color or Race: white

Birthplace: Stilly Pa.

Married, Single or Widowed: Single

Occupation: attending School

Name of Wife or Husband:

Father's Name: Alexander Walker

Father's Birthplace: Stilly Pa.

Mother's Maiden Name: Elizabeth Firitz

Mother's Birthplace: Manheim Pa.

Name of person giving In formation: Mather

How related to deceased: Mather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 6 days

Immediate: Mastification — How long: 3 " .

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: E. R. Albaugh

Address: Glen Rock R. F. D. #1.

Accident or Suicide? ?

LIBRARY BUREAU A6881e

Name in Full: Lena Maud

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestnut Ridge; County: Balto

Date of death: 1904; Month: 2; Day: 20; Age: Years: 84; Months: Jermany; Days:

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: Housewife; Where Residing if not at place of death: Chestnut Ridge

Married, Single or Widowed: Married; Name of Wife or Husband: Wm. H. Maud

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Wm. H. Maud; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: CB; How long:

Immediate: Pneumonia; How long: about 5 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. C. Busacy

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: James Marden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore Co Alms House — County:

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	2	24	Age 102		

Sex	Color or Race	Birthplace
Male	white	England

Occupation	Where Residing if not at place of death
Farmer	Towson

Married, Single or Widowed	Name of Wife or Husband
Widower	

Father's Name	Father's Birthplace

Mother's Maiden Name	Mother's Birthplace

Name of person giving Information	How related to deceased
Jas. C. Jacobs	none

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long
Pulmonary Tuberculosis	3 days

Immediate	How long
Tubercular Pneumonia	

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Jno. Thos. O'Brien

Address: Towson

Accident or Suicide?

LIBRARY BUREAU A8681G

Grace Church cem.
Chestnut Ridge

John Burns Sons

Name in Full: Emma Warfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Denis; County: Baltimore

Date of death: Month: Febry; Day: 2; Years: 19; Months: 11; Days: 26

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: —; Where Residing if not at place of death: St Denis

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Richard B. Warfield; Father's Birthplace: Maryland

Mother's Maiden Name: Emma Summerhayse; Mother's Birthplace: England

Name of person giving Imformation: Harry Warfield; How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia (Grippe?); How long: 2wks.

Immediate: Pulmonary tuberculosis; How long: 14 mos.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earecksom

Address: Eek Ridge, Md

Accident or Suicide?

LIBRARY BUREAU A89318

Mt. Olivet Cemetery

Name in Full: Watts, Sarah Elizabeth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto.

Date of death 1904: Month: Feb; 8th

Age: Years: 38; Months; Days

Sex: Female; Color or Race: white; Birthplace: Maryland.

Married, Single or Widowed: Married; Occupation: Housewife.

Name of ~~Wife~~ or Husband: Washington L. Watts

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving Information: X; How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Terminal Dementia; How long: 30 yrs.

Immediate: Valvular Dis of Heart; How long: yrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. S. Rude.

Address: Catonsville.

Accident or Suicide? No.

LIBRARY BUREAU A88618

Name in Full: Anna Blair Weakley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lutherville — County: Baltimore

Date of death 190 4 — Month: Feb — Day: 24 — Age: Years 52 — Months — Days

Sex: Female — Color or Race: white — Birthplace: York Pa

Occupation: — Where Residing if not at place of death: Lutherville

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Weakley — Father's Birthplace: —

Mother's Maiden Name: Jane Blair — Mother's Birthplace: —

Name of person giving Information: Mrs J Poultney — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: over 3 months

Immediate: Uraemic Poisoning — How long: several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Peebles

Address: Lutherville Md.

Accident or Suicide?

1.20

LIBRARY BUREAU A88516

John Burns Sons

Druid Ridge

Cem.

Balto Co

Name in Full: Western au

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ruby Hill — County: Balto

Date of death 190 4: Month: Feb — Day: 8 — Age: Years: — Months: — Days: 21

Sex: Female — Color or Race: White — Birthplace: abm

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Colic & Malassimilation — How long: Do not know

Immediate: Synovial Weakness. — How long: do not know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Luigard Stockett M.D.

Address: Parkville & Govanstown, Md.

Accident or Suicide? No

LIBRARY BUREAU A9851G

Name in Full: Frederick Chester White.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baltimore — County: Baltimore

Date of death 1904 — Month: Feb. — Day: 23 — Age: Years 24 — Months 5 — Days 6

Sex: Male. — Color or Race: White. — Birthplace: Havre de Grace Md.

Occupation: Machinist. — Where Residing if not at place of death: Baltimore.

Married, Single or Widowed: Married. — Name of Wife or Husband: Sarah Ellen White.

Father's Name: Benjamin Scott White — Father's Birthplace: Philadelphia Pa.

Mother's Maiden Name: Sarah Ellis — Mother's Birthplace: Germantown, Pa.

Name of person giving In formation: Harry Spencer. — How related to deceased: Cousin.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cachexia. — How long: Three months.

Immediate: Lobar Pneumonia. — How long: Seven days.

Are the name, age, sex, color, date and place correctly given above? Yes, they are affirmed by Harry Spencer.

Signature of Physician: Benjamin Franklin Tefft Jr.

Address: #639 W. Lombard St. Baltimore, Md.

Accident or Suicide? Accident.

LIBRARY BUREAU A86616

Name in Full: Infant of Edward & Agatha Jingling

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: Month: Feb. Day: 5th 1907

Age: Years: Still Birth; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Edward Jingling

Father's Birthplace: Md

Mother's Maiden Name: Agatha Mathis

Mother's Birthplace: Md

Name of person giving information: Edward Jingling

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stillborn

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. N. Janney M.D.

Address: 304 Bank St. Balto

Accident or Suicide?

LIBRARY BUREAU A88618

Germanus Strance

St Patricks Cemetery

Feb 6th 1904

Name in Full: Elizabeth Yost

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gorans town — County: Baltimore

Date of death 190 4 — Month: Feby — Day: 16 — Age: Years: 71 — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~ — Occupation: None

Name of ~~Wife or~~ Husband: Wm H. Yost

Father's Name: Jacob Schunk — Father's Birthplace:

Mother's Maiden Name: Elizabeth — Mother's Birthplace:

Name of person giving Information: Susie Yost — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma — How long: one week

Immediate: Heart exhaustion — How long: a day or so

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. M. Duncan

Address: Gorans town Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Lusetta Zeller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death: 1904 — Month: Feb. — Day: 18th — Age: Years 72 — Months 3 — Days

Sex: Female — Color or Race: white — Birthplace: Penna

Occupation: House-wife — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Widow — Name of Wife or Husband: Ruben Zeller

Father's Name: John Feeser — Father's Birthplace: Germany

Mother's Maiden Name: Barbara Miller — Mother's Birthplace: Germany

Name of person giving Imformation: Mrs John E. Miller — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

79.

CAUSES OF DEATH

Primary: Senile Bronchitis — How long: 1 year.

Immediate: Mitral Stenosis — How long: 1 hour.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. C. McDonnick M.D.

Address: Sparrows Point

Accident or Suicide? no

LIBRARY BUREAU A68818

To be buried at Lebenon
Penna.

Name in Full: Spencer L. Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruhla — County: Baltimore

Date of death 1904	Month	Day	Age	Years	Months	Days
	Feb.	18		7	2	12

Sex: Male — Color or Race: white — Birthplace: Stella Pa.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Peter R. Zimmerman — Father's Birthplace: Ruhla

Mother's Maiden Name: Geneva B. Fireman — Mother's Birthplace: Stella Pa.

Name of person giving information: Laura B. Fireman — How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 4 days

Immediate: Convulsions — How long: ½ hour

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Eugene R. Albaugh

Address: Glen Rock R. F. D. #1

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8818